

Format for ANSWERING REVIEWERS

Feb 14, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (answering 16165-edited.doc).

Title: Management of hepatocellular carcinoma rupture in the caudate lobe
Experience from a single center

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1.The manuscript has been improved according to the suggestions of reviewers:

2. Revision has been made according to the suggestions of the reviewer

- (1) It is unclear that why patients can wait for few days before caudate lobectomy. It seems that the acute bleeding episode have been stopped before this procedure?

The patients were able to wait for a period of time as long as the capsule or lesser sac, which in those cases worked as holding the rupture from rupturing into the peritoneum with the pressure, was not ruptured too, which in most cases were not in our series due to the specific anatomy features of caudate lobe, making the lesser sac helpful in such situations.As long as the sufficient surgical technique can be guaranteed, an emergency surgery is indicated.

- (2) Any consideration of radiofrequency ablation or open surgical packing to control bleeding if failed TAE.

RA is not considered in such cases because of being adjacent to big vessels which bring away the heat too fast, and open surgery, unless the less sac's rupture is confirmed, is not indicated for the similar reason as the case transferred to our hospital in the article.

- (3) The Discussion session is too long and whole paper should be double-spacing.

Already addressed in the recent correction

- (4) This is certainly difficult to persuade people to perform emergency caudate lobectomy in the setting of ruptured HCC. What is the centre policy and how about if the rupture is at other sites?

If at other sites, as long as the patient condition is stable, either TAE and emergency operation will be considered as an option, and emergent surgery will be performed either when the patient is not stable or when TAE fails.

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3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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